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URBAN DISTRICT COUNCIL OF
CHESTER-LE-STREET

REPORT

OF THE

Medical Officer of Health

TOGETHER WITH THE

Report of the Sanitary Inspector

FOR THE YEAR

1954

JOHN L. SIDDLE, M.B., B.S., D.P.H.



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CHESTER-LE-STREET URBAN DISTRICT COUNCIL

COUNCIL CHAMBERS,

CHESTER-LE-STREET.

TO THE CHAIRMAN AND MEMBERS OF THE
CHESTER-LE-STREET URBAN DISTRICT COUNCIL.

Ladies and Gentlemen,

My appointment as Medical Officer of Health for the Chester-le-Street Urban District Council commenced on August 17th 1954. The Council was without a Medical Officer from the beginning of the year until this date.

The essential details with regard to the state of the health of the population during the year are summarised as follows :—

There was a slight increase in the number of Births during the year as compared with 1953, and a slight decrease in the number of Deaths. The Infantile Mortality Rate unfortunately showed a considerable rise as compared with the previous year. There were once again no cases of Diphtheria notified and only one case of Poliomyelitis. The number of new cases of Tuberculosis notified during the year does not give any indication of any great improvement with regard to the prevalence of this disease.

The new housing schemes have progressed so that a bigger number of houses was built during the year than in any year since the War. This achievement can be looked upon as a major factor in the fight to produce a healthy population.

I wish to thank the Chairman and Members of the health committee for the help they have given me during the year.

Yours faithfully,

JOHN L. SIDDLE,

Medical Officer of Health

**HIGHWAYS AND SANITARY (PUBLIC HEALTH)
COMMITTEE, 1954.**

COUN. J. MILLER (*Chairman*)

COUN. N. HOLYOAKE

COUN. DR. A. M. BOWMAN

COUN. R. MOIST

COUN. C. F. C. LAWSON

COUN. E. REEVE, J.P.

COUN. R. PORTER

COUN. J. WILLIS

COUN. C. FENNER

COUN. T. VIVIAN

COUN. MRS. N. A. HEARN

COUN. E. FENNELL

COUN. MRS. D. H. RIDDELL

COUN. J. MCGORRIGAN

COUN. L. USHER, J.P.

COUN. E. B. WRAITH

COUN. N. RIDDELL

PUBLIC HEALTH OFFICERS OF THE AUTHORITY

Medical Officer of Health—

JOHN LANGLEY SIDDLE, M.B., B.S., D.P.H.

Commenced duty on 17th August 1954.

Sanitary Inspector—

GEORGE C. BANKS, M.R.S.I., M.S.I.A.

The Sanitary Inspector is a whole-time Officer and holds the Sanitary Inspector's Certificate, the Meat and Other Food Inspector's Certificate, and the Certificate in Sanitary Science as applied to Public Works and Buildings of the Royal Sanitary Institute. The Diploma in Cattle, Meat and Food Inspection of the Liverpool University and also the Diploma of the Institute of Public Health and Hygiene. The Inspector holds a certificate of the Royal Society of Arts (Common Law).

Housing and Shops Inspector—

GEORGE C. BANKS, M.R.S.I., M.S.I.A.

The Ministry of Health contributes half of the salaries of the Medical Officer of Health and the Sanitary Inspector.

STATISTICS AND LOCAL CONDITIONS OF THE AREA

Area	2,647 acres
Population, estimated mid-year 1954	18,380
Number of inhabited houses	5,734
terrace houses	2,336
detached houses	153
semi-detached	877
farm houses and cottages	15
houses and shops combined	63
council houses	2,290
	————— 5,734
Rateable Value	£89,933
Product of Penny Rate	£324 3s. 3d.

BIRTH RATE, DEATH RATE AND ANALYSIS OF MORTALITY DURING THE YEAR

	Rate per 1,000 Total Population	Rate per 1,000 Total Births	Annual Death Rate per 1,000 population						Rate per 1,000 live Births.	
			All Causes	Diphtheria	Whooping Cough	Pneumonia	Influenza	Acute Poliomyelitis including Polio-encephalitis	Diarrhoea and Enteritis under one year of age	Total deaths under one year of age
ENGLAND AND WALES.....	15.2	23.4	11.3	0.0	0.0	0.48	0.05	0.00	0.8	25.5
Great Towns	16.8	25.6	12.1	0.0	0.0	0.50	0.04	0.00	0.9	29.2
Smaller Towns	15.4	22.3	11.3	0.0	0.0	0.48	0.05	0.00	0.5	23.8
CHESTER-LE-STREET	16.9	17.4	11.5	0.0	0.05	0.70	0.05	0.00	3.3	35.4

Population

The Registrar General's estimated mid-year population for 1954 was 18,380 as compared with 18,280 for 1953.

The figures below show the population trend :—

<i>Year</i>	<i>Population</i>
1944	16,680
1945	16,980
1946	17,820
1947	17,850
1948	18,620
1949	18,620
1950	18,650
1951	18,210
1952	18,140
1953	18,280
1954	18,380

The population at the 1951 Census was 18,538.

Age distribution at 1951 Census.

0—4	1,539
5—14	2,558
15—44	7,934
45—64	4,598
65 & over	1,909

Births

There were 310 live births during 1954 as compared with 292 during 1953. The respective birth rates being 15.95 in 1953 and 16.9 in 1954.

Live Births

	<i>Male</i>	<i>Female</i>	<i>Total</i>	
Legitimate	167	134	301	
Illegitimate	4	5	9	Total 310

Still Births

Legitimate	7	2	9	
Illegitimate	—	—	—	Total 9

Deaths

There were 212 deaths during 1954. In 1953 there were 234. The Crude Death Rate for 1954 was 11.5 and 12.8 for 1953.

Causes of Death

	Male	Fema.e	Total
All Causes	130	82	212
Tuberculosis—Respiratory	2	—	2
Whooping Cough	1	—	1
Malignant Neoplasms—Stomach	2	2	4
Malignant Neoplasms—Lung Bronchus	3	—	3
Malignant Neoplasms—Breast	—	4	4
Malignant Neoplasms—Uterus	—	3	3
Other Malignant & Lymphatic Neoplasms	10	2	12
Vascular Lesions of the Nervous System	11	9	20
Coronary Disease—Angina	14	13	27
Hypertension with Heart Disease	3	5	8
Other Heart Disease	19	17	36
Other Circulatory Diseases	14	8	22
Influenza	1	—	1
Pneumonia	7	6	13
Bronchitis	8	—	8
Other diseases of the Respiratory System	4	—	4
Ulcer of Stomach or Duodenum	3	—	3
Gastric Enteritis and Diarrhoea	—	1	1
Hyperplasia of Prostate	3	—	3
Congenital Malformations	2	2	4
Other defined and ill-defined diseases	14	8	22
Motor Vehicle Accidents	2	—	2
All other accidents	4	2	6
Suicide	3	—	3

The following were chief causes of death during the year :—

<i>Cause of Death.</i>	<i>Number of Deaths</i>	<i>% of Total Deaths</i>
1. Diseases of the Heart and Ciculatory System	113	53.3
2. Cancer	26	12.3
3. Respiratory Diseases	26	12.3
4. Violence :— (Road Traffic Accidents—2) (Other Violent Causes—6) (Suicide—3)	11	5.2
5. Tuberculosis (all forms)	2	0.9

The chief causes of death continue to be diseases of the heart and circulatory system. They caused 53.3% of the total deaths. There has been a further fall in the deaths from Cancer which was only responsible for 12.3% of the total as compared with 13.2% during 1953. Deaths from Tuberculosis have fallen to two. Deaths from violence have risen from 6 in 1953 to 11 in 1954, partly due to the 3 cases of Suicide during the year, no such cases occurring during 1953.

INFANTILE MORTALITY

The Infantile Mortality Rate for the year was 35.4 (11 deaths) as compared with 27.4 (8 deaths) in the previous year.

Causes of Death of Infants under 1 year of Age

<i>Disease</i>	Under 1 week	1—2 weeks	2—3 weeks	3—4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
Prematurity	3	—	—	—	3	—	—	—	—	3
Pneumonia	—	—	—	—	—	—	—	1	1	2
Gastro-Enteritis	—	—	—	—	—	1	—	—	—	1
Whooping Cough	—	—	—	—	—	—	—	—	1	1
Congenital Heart Disease	2	—	—	1	3	1	—	—	—	4

There was unfortunately an increase in the number of deaths of infants under one year of age. The year 1953 produced 8 such deaths whereas in 1954 there have been 11.

Of these 11 deaths it can be said that in the present state of our knowledge, 7 of them could be classified as unavoidable. The other 4 could be classified as avoidable deaths, i.e. those due to Gastro-Enteritis, Pneumonia and Whooping Cough. Until such time as we are able to find out the cause of such things as Prematurity and Congenital Heart Disease and so take action to prevent such events, it is unlikely that the Infantile Mortality Rate will be materially improved.

GENERAL PROVISIONS OF HEALTH SERVICE IN THE AREA

(1) Laboratory Facilities

These continue to be provided by the Public Health Laboratory Service, Newcastle, under the direction of Dr. R. Norton.

Particulars of examination undertaken are given below :—

<i>Disease</i>	<i>Positive</i>	<i>Negative</i>
Diphtheria	—	—
Tuberculosis	22	123
Miscellaneous	1	—

(2) Local Health Authority Services

The Administrative County is divided up into twelve areas, Chester-le-Street Urban and Rural Districts forming No. 4 area. For each area, a Health Sub-Committee has been appointed to exercise on behalf of the County Health Committee, certain functions relating to services under the National Health Services Act, 1946.

All day-to-day administration of the County Service is carried out by County Headquarters. The area Medical Officer deputises for the County Medical Officer of Health at quarterly meetings of the Area Sub-Committee.

I am indebted to the County Medical Officer of Health for the statistics concerning the services in this part of the report.

(a) Health Visitor Service

There are two Health Visitors employed by the County Council working in the Chester-le-Street Urban District. A survey of the work done by them is given below :—

Visits paid to :—

Maternity & Child Welfare	3,084
Tuberculosis	420
General Health	6
Mental Deficiency	147
School	222
Aged People	—

Summary :—

Ineffective visits	700
Total number of visits	4,579
Number of effective visits	3,879
Time (as days) spent on visits (Routine, other & ineffective)	169
Average daily number of effective visits per health visitor	23

Clinics etc. :—

Time (as days) spent	
(a) at maternity & child welfare centres	229
(b) at chest clinics	12
(c) at school head to head inspections	9
(d) at school medical inspections	13
(e) at special schools	15

Cases reported to district Medical Officers of Health.

Overcrowding	3
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(b) Clinics

The Mains Farm House, West Lane Clinic is used to provide accommodation for the various clinics run by the County Council.

New Ante-Natal	Every Thursday morning
Ante-natal	Tuesday all day
Child Welfare	Wednesday all day
Birth Control	3rd Thursday afternoon each month
Post-natal	2nd & 4th Thursday afternoon each month
Artificial Sunlight	Monday and Thursday at 11 a.m. weekly
Immunisation	1st Thursday afternoon each month.

(c) Domiciliary, Midwifery and Home Nursing Services.

This is a Durham County Council Service. Working in the district there are 3 district nurses and 4 district midwives.

A summary of the work done is given below :—

<i>Midwifery</i>	<i>Cases</i>	<i>Visits</i>
Midwifery and Maternity.....	126	3,415
Hospital cases discharged home for nursing	49	—
Ante-natal and post-natal	—	825
	<u>175</u>	<u>4,240</u>
<i>General Nursing</i>		
New Cases during the year	392	6,984
Visits of observation (Loan of equipment etc.)	—	488
Visits for injections only	—	2,492
	<u>392</u>	<u>9,964</u>

(d) Ambulance Service

This service is run by the County Council. The Chester-le-Street Urban and Rural Districts are served principally by the ambulance depot situated at Osborne Road, Chester-le-Street. This depot is in charge of a head driver and has an establishment of 15 drivers and 6 ambulances. All requests for ambulance transport reach the depot via the Durham Control which is manned by a team of four clerk-telephonists maintaining a 24-hour service.

When necessary, either in the interests of economy or in order to reinforce the Chester-le-Street depot, vehicles from neighbouring depots are utilised in the transport of patients in the area.

Figures showing the extent to which the service is used are given below :—

<i>No. of calls.</i>	<i>No. of journeys</i>	<i>Patients carried</i>			<i>Mileage</i>
		<i>Stretcher</i>	<i>Sitting</i>	<i>Total</i>	
6,836	5,248	3,140	17,909	21,049	109,281

(e) Domestic Help

Domestic Helps are provided by the County Council where necessary in cases of sickness, childbirth, infirmity or other household emergencies.

Domestic Help cases during 1954

Cases being assisted on 1.1.54	40
New cases during the year	41
				—
			Total	81

Cases remaining on 31.12.54	43
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Analysis of cases

Old age pensioners	74
Sickness	5
Maternity	2

No. of Home Helps employed	48
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(f) Prevention of Illness and Aftercare

Under this section of the National Health Service the Durham County Council supply nursing requisites on loan to those needing them. A fee is charged, the assessment of which depends on income and the type of article borrowed. All articles are stored in Durham City and have to be brought out to the place where they are required.

(g) *School Health Service*

The School Health Service is run by the Durham County Council from headquarters in Durham City.

The nearest clinic for Chester-le-Street schoolchildren is in Birtley. The clinic is open daily and is attended on Monday and Wednesday by a School Medical Officer.

Routine medical inspections of children are carried out in the schools by a School Medical Officer.

3. Hospital Services

The hospitals in Chester-le-Street are administered by the Durham Hospital Management Committee on behalf of the Newcastle Regional Hospital Board.

Outpatient Clinics

(a) *Tuberculosis*

Consultations by appointment at the Chest Clinic, Ropery Lane, Chester-le-Street (Tel. : 3317).

(b) *Venereal Diseases*

Confidential treatment is provided free at the following centres, appointment not being required :—

- (i) Newcastle General Hospital : Tel. 33320 N/cle :
Monday to Friday 9—12 noon and 2 p.m.—7 p.m.
Saturday 9 a.m.—1 p.m.

- (ii) County Hospital Durham (Tel. Durham 7)
Female — Monday and Thursday at 2 p.m.
Male — Monday and Thursday at 4.30 p.m.

(c) *General Hospital Chester-le-Street (Tel. : 2001/2/3)*

General medical, general surgical, ophthalmic, ear, nose and throat physiotherapy facilities are available, both as in-patients and out-patients (by appointment).

(d) *Psychiatry*

A psychiatric out-patient clinic is held at the County Hospital, Durham (Tel. 954) each Monday. Patients are seen by appointment only.

4. Executive Council Service

The executive council for the County of Durham is the body responsible for the administration of the General Practitioner Service in the District.

There are 7 general practitioners residing in the district.

HOUSING

The Rent and Repairs Act, 1954 came into operation during the year and is of course a most important piece of legislation in so far as housing is concerned.

With regard to Part I of the Act the Chester-le-Street Urban District Council is in agreement with the principle of Slum Clearance and the Sanitary Inspector has spent some considerable time in inspecting property with a view to presenting statistics to the Housing Committee. However by the end of the year sufficient information had not been collected to permit a scheme to be presented.

An alteration was brought about by the Act with regard to Improvement Grants. By the end of the year the Council had still not agreed to give grants. This is unfortunate as it means that many families who could have been given modern amenities will have to carry on without until such times as their houses become bad enough to condemn. The number of properties in the district which could be helped by these grants is limited, but improvement, even on a small scale, would help the occupants at the present time and no doubt would extend the life of the property and so reduce the expenditure required for Council houses in years to come.

New Houses

The provision of housing in the district since the end of the war is shown by the following table.

<i>Year ending 31st March</i>	1947	1948	1949	1950	1951	1952	1953	1954
Temporary Houses	50	30	—	—	—	—	—	—
New permanent houses ..	12	44	66	94	96	50	112	117
B.I.S.F. Non-traditional	30	34	—	—	—	—	—	—
Re-lets (1st Jan.—31st Dec.)	26	56	44	68	45	63	59	81

Allocation of Houses

The method of allocation of houses has continued as in the previous year. New houses are let on length of application basis except for the 10% allowed for cases recommended by the Medical Officer of Health. The deferred lists restrict the rehousing of those already reasonably housed to one in every five houses becoming available. Cases are coming to notice from time to time of gross overcrowding with up to three families on one house. So

long as such cases are in existence in the district it is in my opinion quite unreasonable to rehouse families from reasonably satisfactory living conditions.

During the year three houses were allocated on recommendation of the Medical Officer of Health.

Census 1951

The report for the County of Durham was published during the year 1954. Whilst there must have been some changes in the figures since the Census they are still of interest.

Households according to possession of certain household arrangements 1951 :—

All households	Piped Water		Cooking Stove		Kitchen Sink		Water Closet		Fixed Bath	
	Shared	None	Shared	None	Shared	None	Shared	None	Shared	None
5,392	292	29	124	24	132	289	257	420	100	1743

These figures are for households but can be taken as about the same as that for houses. With regard to water supply and cooking stoves, it would appear that by the end of 1954 no houses in the district lacked either a water supply or a cooking stove. The number quoted in the above table can be accounted for by squatters in an ex-army camp which has been cleared. The actual figure for water-closets was by the end of the year below 200. Here again since the census there have been a considerable number of conversions which together with demolition and reduction of squatters has considerably improved the figure.

The one figure which we must view with dismay is that for the number of houses without a fixed bath. We must remember that almost all Council houses have fixed baths so that approximately one in two of private households must be without a fixed bath.

There are many houses in the district which could readily be given the added advantage of a fixed bath and I feel that if the Council would make improvement grants available then it would be possible to improve the living conditions of many families which at the present time have no prospect of enjoying those modern amenities which should be part of the normal living conditions of every family.

INFECTIOUS DISEASES NOTIFIED DURING 1954.

INFECTIOUS DISEASE	AT AGES—YEARS								MONTH OF NOTIFICATIONS												Total No. Notified	Removed to Hospital
	Under 1 year	1 to 5	6 to 15	16 to 25	26 to 45	46 to 65	65 and up	All Ages	January	February	March	April	May	June	July	August	September	October	November	December		
Whooping Cough	3	9	4	—	1	—	—	17	2	1	. 8	—	—	2	—	. 3	—	—	1	—	17	—
Scarlet Fever	—	3	2	2	—	—	—	7	2	1	1	—	1	—	2	—	—	—	—	—	7	2
Pneumonia	7	3	1	—	1	1	—	13	5	2	2	3	—	—	—	—	—	—	1	—	13	11
Measles	—	17	1	—	—	—	—	18	1	—	—	—	1	1	—	6	—	1	2	6	18	—
Erysipelas	—	—	—	—	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	1	—
Puerperal Pyrexia	—	—	—	1	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Dysentery	—	1	—	1	—	—	1	3	—	—	3	—	—	—	—	—	—	—	—	—	3	3
Poliomyelitis	—	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	1	1

Infectious Disease Notifications since 1942

<i>Disease</i>	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Cerebro Spinal Fever	2	—	—	—	1	4	2	—	—	2	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	68	68	22	20	17	21	56	51	21	11	34	17	7
Diphtheria	37	20	21	26	25	6	3	1	—	—	—	—	—
Enteric Fever (including Para-Typhoid)	—	—	1	—	—	—	2	1	—	2	1	—	—
Pneumonia	37	28	36	16	15	17	15	14	25	26	17	13	13
Erysipelas	7	11	5	—	2	3	2	2	4	—	2	3	1
Ophthalmia Neonatorum	2	5	2	1	2	—	1	1	—	—	2	—	—
Puerperal Pyrexia	2	4	1	—	—	1	1	1	1	1	—	—	1
Whooping Cough	20	5	5	4	13	3	21	4	12	16	34	3	17
Measles	195	112	39	110	29	224	227	90	193	107	181	45	18
Food Poisoning	1	—	—	1	—	—	—	—	—	1	—	—	—
Poliomyelitis	—	—	—	1	1	5	—	—	2	—	—	4	1
Dysentery	—	—	—	—	10	—	—	—	—	—	—	—	3
Tuberculosis (Pulmonary)	8	14	17	14	15	10	9	23	15	15	12	20	15
Tuberculosis (Non-Pulmonary)	8	15	6	12	3	5	3	3	5	5	3	1	4

Scarlet Fever

The number of cases fell from 17 to 7, of which 2 were removed to hospital. This is the first time for 40 years that the figure has been below 10.

Modern experience advocates home treatment except where there are complications or where home conditions are unsatisfactory.

Diphtheria

There were no cases notified during 1954—this is for the fifth consecutive year.

In the report for 1953 I stressed the necessity for maintaining an adequate level of immunisation in the child community. In order to try to improve the figures a scheme was started towards the end of the year, to deal with children in the infants schools. Parents of children from 5 to 7 years of age were sent a circular letter and asked to supply details regarding the immunisation of their children. Arrangements were then made, for the children who required it, to be immunised either by the family doctor or at the Welfare Centre by the Medical Officer.

As this scheme was not started until December, the figures for the year were not influenced greatly. It is hoped to pay an annual visit to the schools in an effort to have all new entrants immunised.

The position with regard to immunisation was that in 1954, 210 children (ages 0—15 years) received a full course of immunisation and 111 received booster doses. The total number of children

(ages 0—15 years) who have received a full course of immunisation at any time from 1941-54 was 2,623.

Number of children (0—15 years) who have completed a full course of immunisation at any time up to 31.12.54

Age at 31st Dec. 1954	Under 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Born in year	1954	1953	1952	1951	1950	1949	1948	1947	1946	1945	1944	1943	1942	1941	1940
Number immunised	31	147	170	193	159	177	208	260	248	197	266	182	106	144	135

Measles

There were only 18 cases notified during the year. During 1953 the figure had been only 45 and it seemed likely that this would mean a big rise for 1954. However this has not happened but it does mean that 1955 will probably show a considerable rise in notifications because the number of susceptible children in the community must have risen in the past two years.

Poliomyelitis

Fortunately during the year only one case was notified as compared with four the previous year. Full details of the case were sent to the Ministry of Health which has during the year been carrying out a special survey in co-operation with the Northern branch of the Society of Medical Officers of Health.

Whooping Cough

There were 17 cases notified during 1954 as compared with 2 during 1953.

Tuberculosis

15 new notifications of pulmonary tuberculosis were received during the year and there were 2 deaths from the disease. 4 new non-respiratory cases were notified and there were no deaths from non-respiratory tuberculosis.

The figures for the years since 1948 are given below :—

Year	Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis	
	Notifications	Deaths	Notifications	Deaths
1948	9	5	3	3
1949	23	6	3	—
1950	15	8	4	2
1951	15	8	5	1
1952	12	4	3	—
1953	20	7	1	1
1954	15	2	4	—

Table showing age and sex distribution of new cases and deaths during 1954

Age Groups	New Cases				Deaths			
	Respiratory		Non-respiratory		Respiratory		Non-respirator	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1—4 years	1	1	—	—	—	—	—	—
5—14 years	2	2	—	—	—	—	—	—
15—24 years	1	1	1	—	—	—	—	—
25—44 years	3	1	2	—	—	—	—	—
45—64 years	2	—	—	—	1	—	—	—
65—75 years	1	—	—	1	1	—	—	—
75 and over	—	—	—	—	—	—	—	—
Total	10	5	3	1	2	—	—	—

There were only 2 deaths from Tuberculosis during 1954. There were however 15 new notifications of pulmonary tuberculosis and 4 non-pulmonary.

The notifications show little signs of any improvement in spite of the efforts of all concerned.

During the year the County Council carried out in one area of the county a pilot scheme of B.C.G. vaccination of school-leavers. Now that the Ministry has agreed to consider such schemes it is to be hoped that this method of prevention will be used in Chester-le-Street in the near future.

The Mass Radiography Unit paid one visit to Chester-le-Street during the year. The figures produced as a result of the visit are given below :—

	Male	Female	Total
No. X-Rayed Miniature films	1,101	1,303	2,404
No. recalled for large films	40	21	61
Abnormalities revealed :—			
Pneumoconiosis	21	—	21
Intrathoracic neoplasms	1	—	1
Vascular Lesions			
(a) Acquired	5	5	10
(b) Miscellaneous	5	2	7
Suspected Pulmonary Tuberculosis			
Inactive (Previously known)	1	1	2
Active (Newly discovered)	2	1	3
Inactive (Newly discovered)	2	—	2

SANITARY AND HOUSING INSPECTOR'S REPORT

COUNCIL CHAMBERS,
CHESTER-LE-STREET.

September, 1955.

Mr. Chairman and Members,

It is with pleasure that I submit my observations on the sanitary circumstances of the district for the thirty-first year of my service as Sanitary and Housing Inspector for the urban area.

As in previous years it will be seen that the various activities have covered a wide field of environmental sanitation, which have included the requirements of the Ministry of Health and the Ministry of Housing and Local Government. To these should now be included the Ministry of Agriculture and Fisheries which has now merged into its ambit many of the services and controls hitherto exercised by the Ministry of Food. Considered from my own aspect of Sanitary Inspector, the departure of the Ministry of Food as we knew it during the war years, is a matter for regret. The harmony, efficiency and sympathy, with which the Ministry of Food carried out its many functions during one of the most difficult periods in the Country's history has been recognised and regarded with admiration not only by local authorities but also by many foreigners, who had an opportunity to study and examine the work of this ministerial department during the world conflict of 1939-45. Again speaking as a Sanitary Inspector, I appreciate and value the understanding and friendly guidance extended to Meat Inspectors carrying out a very difficult task in the Ministry of Food slaughterhouses during the blackout and improvisations rendered necessary by rationing and other conditions imposed by circumstances of war. The Ministry of Food relinquished control of Slaughterhouses in July 1954. There are at present four slaughterhouses licenced in the Urban area to which further reference will be made under the appropriate heading.

Much new legislation came into operation during the year under report. Not the least of such legislation is Rent Restrictions 1954 ; the far reaching Housing Repairs and Rents Act 1954 and circular No. 75/54. (Slum Clearance Procedure). This new legislation will be discussed from my own view as Housing Inspector under the appropriate headings.

Dairies and Milk distribution received adequate inspection and all available time was directed to Food Hygiene and the inspection of Food Shops, factory canteens (including colliery canteens) and

the kitchens of hotels, bakehouses and restaurants. This important work of food hygiene is rightly being given increasing attention, and a whole-time officer could well be employed (as with many other authorities) for this exacting work, including that of slaughterhouse and meat inspection. It is still regarded as a retrograde step to remove farms from the scope of local authorities, as the inspector on the door-step, as it were, could far more effectively visit and control milk inspection on the farm, than the intermittent visits now stated to be the practice.

The work of privy conversions continues to show progress, but it is considered that with the steeply rising costs, the Council may reasonably increase the present grant of £5 per conversion. After the privies have been converted, there still remains the unpleasant heritage of about 200 ashpits.

Factories and smoke abatement have received attention during the period under review, and the investigation of nuisances and infectious disease have also received the required attention.

The new Food and Drugs Act is expected to be put into operation at an early date, and the slum clearance programme will impose extra responsibilities on your Inspector.

Generally speaking, steady progress has been made in the spheres of varied and increasing activities of your Sanitary Officer.

It is possible that within the foreseeable future many of the methods and conditions discussed in this report will witness vast changes. Science marches on at such a speed that few find it possible to comprehend the new knowledge which is constantly being presented to the world. It will be no exaggeration to state, that the developments of science in this era may easily make as great an impact on society as the vast industrial revolution of the last century. As recently stated by a high authority, it is essential that public health workers should study the trend of science very closely in view of the possible effects which the increasing use of nuclear energy and radioactive materials in industry may have on the duties of the sanitary inspector, having in mind the hazards to the public health which may be involved.

The Clean Air Bill which is now being introduced by the Government may mean the end of air pollution. Although my opinion may be regarded as fantastic and prophetic, the possibility of obtaining an abundant power from a smokeless source is well

within the range of recent research. Nuclear power will provide a means of energy and power without causing pollution, but such power stations will themselves produce dangerous active wastes which if untreated and rendered harmless, may well prove a form of pollution dangerous to public health. Out of the frying pan into the fire may well describe the consequences of the adoption of nuclear energy as at present visualised.

I am, Mr. Chairman and Members,

Your obedient Servant,

GEORGE C. BANKS,
Sanitary and Housing Inspector.

Water Supplies

The year 1954 had the unenviable reputation of being the wettest for a number of years, the summer being remembered for heavy rainfalls in many parts of the country. As a natural consequence of these conditions, drought was unheard of and floods were greatly in evidence. The effect of wind and other weather conditions tended to cause absorption of peat and other discolouring agents chiefly of a vegetable character into the water supply.

As a routine procedure 5 samples of water were taken from the following premises and all were found to be satisfactory.

	<i>No. of Samples</i>	<i>Result</i>
Chester Moor Farm Dairy	1	negative
Clarence Terrace Nursery School	1	negative
Central School Kitchen	1	negative
Murray Road Nursery School	1	negative
Co-operative Dairy	1	negative

There continues to be a considerable amount of open cast mining in the area and constant attention was directed to possible pollution through fractured pipes at the sites of these activities, but fortunately no damage was attributed to this cause.

As previously stated all the domestic water supplies are obtained from the Durham County Water Boards reservoirs at Waskerley and Burnhope. No premises in the Urban area are dependent on local wells and springs.

SLAUGHTERHOUSES AND MEAT INSPECTION

The Slaughterhouses Act 1954 received the Royal assent on July 5th 1954 and came into operation forthwith, and the question and responsibility of providing adequate slaughtering facilities was imposed on every local authority.

As mentioned above, the Ministry of Food relinquished control of the local regional slaughterhouses in Chester-le-Street (and throughout the country) in July 1954. It was recommended that the regional slaughterhouse owned by the Chester-le-Street Co-operative Society should be licensed as the slaughtering premises in the area, but the Council decided to licence 4 local slaughterhouses ; of these only 2 are operating, namely the Chester-le-Street Co-op. and Messrs. Robson's slaughterhouses, both situated off the Front Street.

As a consequence of the cessation of control there has been a considerable reduction in the number of animals slaughtered locally.

Unsound and Diseased Meat Condemned 1954

	<i>Cwts.</i>	<i>Lbs.</i>
January	5	1
February	2	27
March	3	22
April	14½	3
May.....	4	9
June	3	51
July		56
August		4
September		63
October	1½	35
November		30
December		92

It will be seen that there was a considerable reduction in the quantity of meat condemned during the last six months of 1954, and is attributable of course, to the decontrol and the closing down of the Ministry of Food Regional activities locally.

The total weight of meat condemned during 1954 amounts to 1 ton, 16 cwts., 57 lbs.

Cattle Inspected and Meat Condemned 1954

	<i>Cattle excluding Cows</i>	<i>Cows</i>	<i>Sheep and Lambs</i>	<i>Calves</i>	<i>Pigs</i>
Numbers inspected	531	61	2,213	21	877
<i>All diseases except Tuberculosis.</i>					
Whole carcasses condemned	—	2	4	—	1
Carcasses of which some part was condemned	45	12	45	4	26
Percentage of numbers in- spected affected with dis- ease other than tubercul- osis	8.74	22.9	2.21	19.05	3.08
<i>Tuberculosis only.</i>					
Whole carcasses condemned	—	2	—	—	4
Carcasses of which some part or organ was condemned	38	12	—	—	58
Percentage of number in- spected affected with tuberculosis	7.16	22.95	—	—	7.07

Slaughter of Animals Acts, 1933-51

Slaughterhouses Acts, 1954

Circular MF/12/54. The Slaughterhouses Act 1954

Food and Drugs Amendment Act, 1954

Model Byelaws for Knackers Yards

The year 1954 witnessed far reaching legislation regulating slaughterhouses throughout the country. The Slaughterhouses Act 1954 contains the directive imposing the responsibility on local authorities to provide adequate slaughtering facilities to meet the need of traders. Section 3 enables a local authority to grant licences expiring any time before July 31st 1957 instead of the period 13 months provided by the Food and Drugs Act 1938. This concession lasts only to June 1956. Under this section licences for new premises may not be granted without the consent of the Minister. New premises are defined as those which have not been lawfully used as a slaughterhouse any time since October 1st, 1934. A special joint meeting of the Urban and Rural Authorities was held in July 1954 to consider the matter of adequate slaughtering facilities as a consequence of the Ministry of Food relinquishing control of the Regional slaughterhouses in Chester-le-Street and the outcome of the meeting resulted in the decision of this Urban authority to licence private slaughterhouses. Of these one is so

congested with offices and the proximity of the public thoroughfare that the conditions cannot be regarded as wholly satisfactory. The Slaughterhouses Act 1954, also allows the payment of compensation in certain places where licences have been refused.

The Slaughter of Animals (Pigs) Act, 1954

This legislation came into operation in July 1954 and enacts that all pigs over the age of twelve weeks which are slaughtered elsewhere than in a slaughterhouse or Knackers yard shall be instantaneously slaughtered or stunned and thereby insensible to pain until dead. There are at present 14 persons licensed to slaughter and there were 7 renewals of licences, in 1954. As stated in the Annual Report of 1953, Registration as a slaughterman should include some training in the recognition of disease. Slaughtering was carried out efficiently and without cruelty during the period under review.

Canned Foodstuffs Destroyed

It will be seen from the figures given below that there is still a considerable quantity of canned foodstuffs found to be unsound. Much of the canned meat is of foreign origin, and it would appear that flimsy canning and incomplete sterilisation of the contents are largely responsible for the reasons for condemnation.

During the year 1954 18½ cwts 10 lbs. of unsound canned foodstuffs were destroyed as against 3 tons 8 cwts 57 lbs. in 1953, and it is becoming increasingly obvious that more care and better materials are being employed in some departments of the canning industry.

Much of the fruit condemned was found to have been obviously damaged in transit or perforated by nails during the packing process. There appears to have been some irresponsibility and lack of efficiency during the preparation and canning of foodstuffs, and it is disturbing to note that although the emergency conditions caused by the last war have now disappeared, there are still alarming losses of foodstuffs caused by seeming lack of reasonable care and attention.

Concern has been expressed by many Sanitary officers regarding the inadequate arrangements for dealing with unsound foodstuffs, and it is repeated that burying on refuse tips is neither reliable nor a safeguard against trespassers who frequent most refuse tips. Incineration is the real remedy and the provision of a suitable incinerator is again recommended.

There have also been many references to the need for a uniform certificate of condemnation for use by local authorities throughout the whole of the country. This form should be authenticated by the Ministry of Food or the Ministry of Agriculture, Fisheries and Food.

Such a universal document issued and recognised by the appropriate Ministry would (it is held) carry greater legal weight and obviate any possibility of confusion.

Milk Supply

Acts and Regulations in Force

- (1) The Milk (Special) Designations Act 1949
- (2) The Milk and Dairies Regulations 1949
- (3) The Milk (Special Designations) (Pasteurised and Sterilised) Regulations 1949
- (4) The Milk (Special Designations) (Raw Milk) Regulations 1949

Licences Issued

	1954
Supplementary Licences to retail Pasteurised Milk	6
Licences to retail Tuberculin Tested Pasteurised Milk	5
Licences to retail Sterilised Milk	25
Dealers licence to retail Accredited Milk	1
Licences to retail Tuberculin Tested Raw Milk	1

Milk Samples

During 1954 there were 15 samples of milk submitted for examination at the Public Health Laboratory with the following results :—

<i>Designated Milk</i>	<i>No. of Samples.</i>	<i>Result of Examination.</i>
Pasteurised Milk	8	Conformed to Standard
T.T. Pasteurised Milk	5	Conformed to Standard
T.T. Raw Milk	2	Conformed to Standard

In addition two samples of T.T. Raw milk, three samples of Pasteurised milk and 2 samples of T.T. Pasteurised milk were submitted to bacteriological examination for the presence of tubercle bacilli and were all found to be negative.

Artificial Cream

There were also submitted for examination 3 samples of artificial cream which were found to be Grade 1 and free from B.Coli. Artificial cream is used largely of course, in the making of fancy pastries.

Ice Cream

There were 6 samples of ice cream submitted to the Public Health Laboratory for examination for cleanliness with the following results :—

<i>No. of Samples.</i>	<i>Result</i>
6	Grade 1

The grading of ice cream is only provisional there being no legal standard for this food although the matter is constantly under review by Parliament. There has been considerable concern expressed by some local authorities regarding the danger of poisoning from lead moulds used in the making of lollipops and this matter is also receiving the attention of the Ministry of Food. It is again suggested that all forms of ice confection manufactured, including lollipops, should be a matter for registration, under the Food and Drugs Acts.

The manufacture of iced lollies in private houses, which were never planned for such activities, should be discouraged.

The production of foodstuffs in small dwellings, sometimes under adverse and even overcrowded conditions, may mean a menace to the community. It would be helpful if stringent legislation were introduced to prohibit the preparation or manufacture for retail of foodstuffs in ordinary dwelling houses.

Food Hygiene

(1) *The number of food premises in the area, by type of business.*

There are 91 business premises in the Urban area from which food is sold, and are as follows :—

General Dealers	44
Bakers and Confectioners	7
Butchers.....	11
Greengrocers	9
Fishmongers and Fried Fish shops	9
Snack Bars and Canteens	11
	—
Total	91
	==

(2) *The number of food premises, by type, registered under section 14 of the Food and Drugs Act, or under local Acts, and the number of dairies registered under the Milk and Dairies Regulation 1949.*

There are 37 premises registered to manufacture or retail ice-cream within the Urban Area.

There are 10 butchers' shops in the district wherein sausage etc., is manufactured, but these were all engaged in such production prior to the passing of the Act.

Dairies etc., registered in the area :—

	1954
There are 3 dairies in the area	
Supplementary Licences to retail Sterilised milk ...	25
Tuberculin Tested	6
Pasteurised	6
Accredited	1

(3) *The number of inspections of registered food premises, with informative comment if necessary.*

Approximately 456 inspections were made of foodshops, canteens and snackbars. Special attention being directed to the provision and cleanliness of washing facilities and rest rooms (particularly for female staffs).

Efforts are now being directed with a view to interesting canteen staffs and administrative personnel in the new sterilising units.

(4) *The method of disposal of condemned food*

Small quantities are disposed of under the furnaces and boilers at factories and business premises where such facilities are available, and also buried in refuse tips.

For many years it has been contended (see previous Annual Reports) that a suitable incinerator or destructor should be provided by the local authority. A skilled operator could be trained by the public health department to attend to the same under the supervision of a qualified officer.

Food Hygiene

It is expected that the new Food and Drugs Act will come into operation in 1955, but it will be shorn somewhat of features regarded as important, e.g. the registration of all foodshops will not be included in the new legislation.

During the routine and special inspection of the foodshops in the area, increasing attention is being directed to the provision of rest rooms and washing facilities, which include of course, adequate hot water and soap. In many cases the management are invited to exercise discreet supervision to ensure personal cleanliness.

Considerable attention is directed to the training of staff in foodshops, but it too frequently happens that changes are caused by personnel seeking an increase in salary, or a post with establishments working a five-day week or early closing Saturday, thus the trained staff is depleted from time to time leaving the management with a constantly recurring problem.

The use of glass covered show cases in foodshops is constantly increasing and the installation of refrigerator show cases is also in some demand. There appears to be every justification for the introduction of mobile counters (of the glass covered type) which could be freely moved over tiled floors, to allow for efficient cleansing. Such movable counters could also be arranged from time to time to meet any changing conditions in trade, e.g. the display of special lines or articles which would enhance and attract more business. There is much to be said for the protection of foodstuffs from the public particularly handling, also the coughing and the sneezing which is so prevalent in winter time. It is increasingly obvious that the staffs with their clean hands and overalls are becoming more hygiene conscious.

Some critics have expressed the opinion that local authorities should put their own house in order, and set a practical example in personal hygiene, e.g. every public convenience should have an automatic flushing apparatus, and free washing facilities, with hot and cold water available to the public. Food transport by road is now a vast organisation, and those drivers handling foodstuffs should have washing facilities in the towns through which they pass and in which they deliver foodstuffs. It is quite reasonable to expect public health authorities to set an example in practical hygiene so that all may see and learn.

RODENT CONTROL

Not the least important activity of the department is that of Rodent Control which has been consistently carried out by the Rodent Operative and your Inspector. Refuse tips and sewers have received special attention.

There is still much research into new methods for rat extermination, but Warfarin is still largely used locally.

It is again possible to report that no major infestation has been disclosed during the year. The Rodent operator has attended local meetings of No. 7 area Committee organised by the Divisional Rodent Officer.

The following table of statistics will supply additional information on this subject.

PREVENTION OF DAMAGE BY PESTS ACT, 1949 Report for 12 months ended 31st March, 1955

	Type of Property				
	Non-Agricultural				(5) Agri- cultural
	(1) Local Authority	(2) Dwelling Houses (inc. Council Houses)	(3) All Other (including Business Premises)	(4) Total of Cols. (1), (2) & (3)	
I. Number of properties in Local Authority's District	39	5,739	548	6,326	15
II. Number of properties inspected as a result of					
(a) Notification	—	48	17	—	—
(b) Survey under the Act	39	140	10	—	4
(c) Otherwise (e.g., when visited primarily for some other purpose)	4	—	—	—	—
III. Total inspections carried out—including re-inspections	145	—	—	—	—
IV. Number of properties inspected (in Sect. II) which were found to be infested by :—					
(a) Rats (Major	4	—	—	—	—
Minor	8	26	10	—	—
(b) Mice (Major	—	—	—	—	—
Minor	—	60	12	—	—
V. Number of infested properties (in Sect. IV) treated by the L.A.	12	112	28	—	—
VI. Total treatments carried out—including re-treatments	—	—	—	—	—
VII. Number of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e., proofing)	—	—	—	—	—
VIII. Number of cases in which default action was taken following the issue of a notice under Sect. 4 of the Act	—	—	—	—	—

SUMMARY OF WORK DONE IN THE SANITARY INSPECTOR'S DEPARTMENT DURING THE YEAR 1954

	<i>No. of inspections</i>	<i>No. of informal Notices served.</i>	<i>No. of Statutory Notices served.</i>	<i>Defects remedied after Notice.</i>
Housing :				
Public Health and Housing				
Acts	600	52	4	48
Overcrowding	—	—	—	—
Sanitary Conveniences :				
Insufficient	50	—	—	—
Defective	250	22	—	22
Drainage	60	14	—	14
Water Supply	75	15	—	15
Food Premises	250	1	—	1
Shops Act	—	—	—	—
Dairies	140	1	—	1
Slaughter Houses :				
Public	—	—	—	—
Private	60	—	—	—
Tents, Vans, etc.	22	1	—	1
Offensive Trades	—	—	—	—
Factories & Workplaces	157	7	—	7
Keeping of Animals	—	—	—	—
Insanitary Ashpits and				
Receptacles	250	34	—	34
Offensive accumulations	6	2	—	2
Smoke Nuisances	46	2	—	2
Prevention of Damage by				
Pests Act, 1949	55	1	—	1
TOTAL	1,991	154	4	150
Ashpit-privies converted into water-closets				—
Ash-closets converted into water-closets				24
Total number of water-closets in District				5,199
Total number of ash-closets in District				183
Total number of ash-pit privies in District				—

Scavenging and Refuse Disposal

Refuse disposal in many parts of the Country—where hand tipping is operating—is becoming an acute problem, by reason of the limitation of suitable sites for such disposal, and as stated in previous reports, refuse destructors may prove the solution. Refuse collection in the Urban area is effected by four covered fordson lorries, one open general purpose lorry and one horse drawn cart useful for confined situations which are inaccessible to motor lorries.

Red Rose tipping site, and that of the Buckles, are now (temporarily at least) closed for tipping, but refuse is still deposited in the Co-operative Society field, North Approach Road, and at Whitehill

Crescent, Pelton Fell. With the scarcity of easily accessible tipping space, longer leads become unavoidable and may add to the costs by reason of extra petrol consumption.

For several years it has been considered necessary to refer to the uncontrolled dumping of refuse on open ground. As previously mentioned this method is contrary to modern scientific practice as it tends to attract rats and is a breeding ground for flies. Controlled tipping would add to the cost but it is regarded as an important public health procedure. There has been a notable increase in the number of trespassers picking rags and other salvage on the tips and being contrary to law should be prohibited.

Municipal authorities are now manifesting interest in the smaller and cheaper running refuse collecting vehicles, which also require less lifting of bins, and a quicker "turn round". The larger and more cumbersome vehicles are rapidly falling out of favour for public cleansing. The use of power driven mechanical street orderly vehicles are also in greater demand by progressive cleansing departments. These vehicles could well be geared to a rotary power operated brush for street gutter cleansing and where an abundant water supply is available the watering of streets in crowded shopping centres, once a general practice, could be usefully revived.

ATMOSPHERIC POLLUTION

Scientific investigation into the increasing problem of air pollution is continuing.

Many factories and collieries locally are electrically operated and the very few establishments burning coal are provided with mechanically operated feeders. Thus smoke pollution in the area is not regarded as a serious problem although the atmospheric guages show considerable deposits of grit and ash. In my view this pollution may be attributed to various industrial zones situated over a radius of five to ten miles around the basin in which Chester-le-Street is situated.

There can be no doubt that the coal burning domestic hearth can be responsible for much air pollution, but the increasing tendency to use gas and electricity for domestic purposes should ultimately mean considerable reduction in atmospheric pollution from this source. No notices were served for smoke nuisance during the period under review. It is considered desirable to repeat the reference made in the Annual Report of 1953 to the increasing danger from the fumes of diesel engines and heavy lorries in congested thoroughfares.

SEWAGE DISPOSAL

The Chester-le-Street Sewage Disposal Works continue to operate satisfactorily but proposals are now under consideration concerning an extension of this plant. The sewer from Chester Moor which has an outfall on to the Chester-le-Street disposal works continues to function without trouble. Sewage from North Lodge in the Rural area is also treated at Chester-le-Street disposal works, and there are negotiations taking place with the view to sewage from other parts of the Rural area receiving treatment locally.

The Alma and Walldridge Disposal plants have received considerable improvements, which should be reflected in the reduction of partly treated sewage finding its way into the local Cong Burn.

The Chester-le-Street Disposal plant is situated in pleasant surroundings, and the Sewage Works Manager is constantly directing his attention to the improvement of the disposal works and the immediate vicinity.

HOUSING INSPECTIONS.

1. <i>Inspection of dwelling houses during the year 1954</i>	<i>Number</i>
(1) (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	135
(b) Number of inspections made for the purpose	450
(2) (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidation Regulations, 1952	130
(3) Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	135
(4) Number of dwelling houses (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for human habitation	52
2. Remedy of defects during the year without service of Formal Notices	44
Number of defective dwelling houses rendered fit in consequence of formal action by the Local Authority or their Officers.....	4
3. Action under Statutory Powers during the year :—	
A.—Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936 :	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs	nil
(2) Number of dwellinghouses which were rendered fit after serving of formal notices	
(a) By owners	nil
(b) By local authority in default of owners	nil
B.—Proceedings under Public Health Acts :—	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied	52
(2) Number of dwellinghouses in which defects were remedied after serving of formal notices	46
(b) By local authority in default of owners.....	nil
C.—Proceedings under Sections 11 and 13 of the Housing Act, 1936 :	
(1) Number of dwellinghouses in respect of which Demolition Orders were made	1
(2) Number of dwellinghouses demolished in respect of pursuance of Demolition Orders	nil
D.—Proceedings under Section 2 of the Housing Act, 1936 :	
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

HOUSING REPAIRS AND RENTS ACT, 1954

Return of Certificates of disrepair issued by the Local Authority under section 26(1) of the above Act between 30th August, 1954 (the date of commencement of the Act) and 31st March, 1955.

	No. of applications for certificates	No. granted	No. refused	No. of applications for certificates*	No. granted	No. refused
(a) Dwelling-houses which have been the subject of a notice of repairs increase of rent under Part II of the 1954 Act	4	4	nil	nil	nil	nil
(b) Dwelling-houses which have not been the subject of a notice of repairs increase of rent under the 1954 Act but in respect of which permitted increases of rent are recoverable under section 2(1) (c) and (d) of the Increase of Rent and Mortgage Interest (Restrictions) Act, 1920	nil	nil	nil	nil	nil	nil

*Including applications for revocation of sanitary certificates issued under the pre-1954 Act procedure but still in force at 30th August, 1954.

HOUSING

Housing continues to be a priority problem not only with this Council but also with most other authorities throughout the Country.

During the period under report, 1st January—31st December, 1954 110 houses were erected by the Urban Council and 10 by private enterprise making a total of 5,678 inhabited houses in the area. Particulars concerning demolitions and repairs etc., for 1954 will be found in the tabular statement in another part of this report.

Overcrowding still exists but normal rehousing allocations have been responsible for some abatement of overcrowding conditions.

CONVERSIONS

Steady progress has been maintained in the matter of ash-closet conversions, there having been 24 such alterations during 1954.

At December 31st, 1954 the number and situation of the remaining ashclosets are as follows :—

<i>North</i>	<i>South</i>	<i>Central</i>	<i>West</i>	<i>Pelton Fell</i>	<i>Chester Moor</i>
<i>Ward</i>	<i>Ward</i>	<i>Ward</i>	<i>Ward</i>	<i>Ward</i>	<i>Ward</i>
38	68	22	6	49	—

It will be seen that there are now 183 ashclosets in the Urban area, and progress continues in the removal of this unpleasant type of sanitary convenience.

There remains the problem of some 200 ashpits, and some equitable arrangement may be made to induce the owners to remove these insanitary and uneconomical receptacles and replace the same with covered refuse bins.

FACTORIES

Inspections have been continued of the factories and workshops in the area. Further particulars will be found in the following tabular statement.

FACTORIES ACTS, 1937 & 1948

PART I OF THE ACT

1.—INSPECTIONS for purposes of provision as to health (including inspections made by Sanitary Inspectors)

Premises (1)	M/c line No. (2)	Number on Register (3)	Number of			M/c line No. (7)
			Inspections (4)	Written notices (5)	Occupiers prosecuted (6)	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	—	—	—	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	52	129	7	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	3	2	10	—	—	3
TOTAL		54	139	7	—	

2.—CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases")

Particulars (1)	M/c line No. (2)	Number of cases in which defects were found				Number of cases in which prosecutions were instituted (7)	M/c line No. (8)
		Found (3)	Remedied (4)	To H.M. Inspector (5)	Referred By H.M. Inspector (6)		
Want of cleanliness (S.1)	4	5	5	—	—	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperature (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	1	1	—	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7)							
(a) Insufficient	9	—	—	—	—	—	9
(b) Unsuitable or defective	10	1	1	—	—	—	10
(c) Not separate for sexes	11	—	—	—	—	—	11
Other offences against the Act (not including offences relating to Outwork)	12	—	—	—	—	—	12
TOTAL	60	7	7	—	—	—	60

ACKNOWLEDGEMENTS

As anticipated the year 1954 witnessed the termination of rationing and most forms of food control, and I record with pleasure the co-operation and harmony which prevailed between the slaughterhouse manager, the staffs of the Ministry of Food and that of the Ministry of Agriculture and Fisheries and your Sanitary Inspector, during the difficult years of the war and the post war period.

The utmost goodwill prevailed and on no occasion was the team spirit impaired with any bitterness or misunderstanding.

There has been again outstanding evidence of progress in the Urban area and it affords me pleasure to have been one of the team and to have made some small contribution to the undeniable advancement made in this progressive term.

To the Medical Officer of Health, the Council and my colleagues I would like to express my gratitude for any information provided for this section of the Annual Report.

